# Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming**
- **No telephone line is required**
- **Computer speakers or headphones are necessary to listen to streaming audio**
- **Limited dial-in lines are available. Please send a chat message if needed**
- **This event is being recorded**

Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

- **Click <u>Pause</u> button**

- **<u>Wait</u> five seconds**

- **Click <u>Play</u> button**
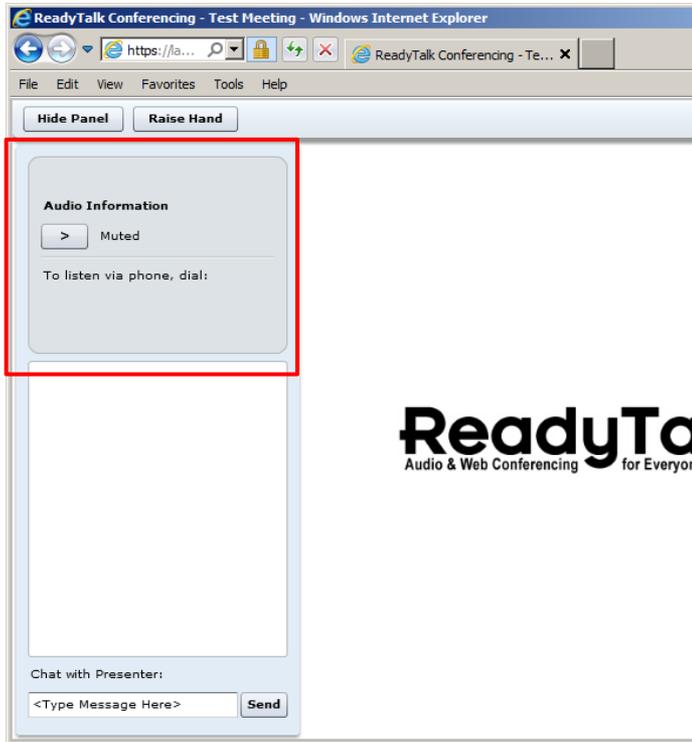
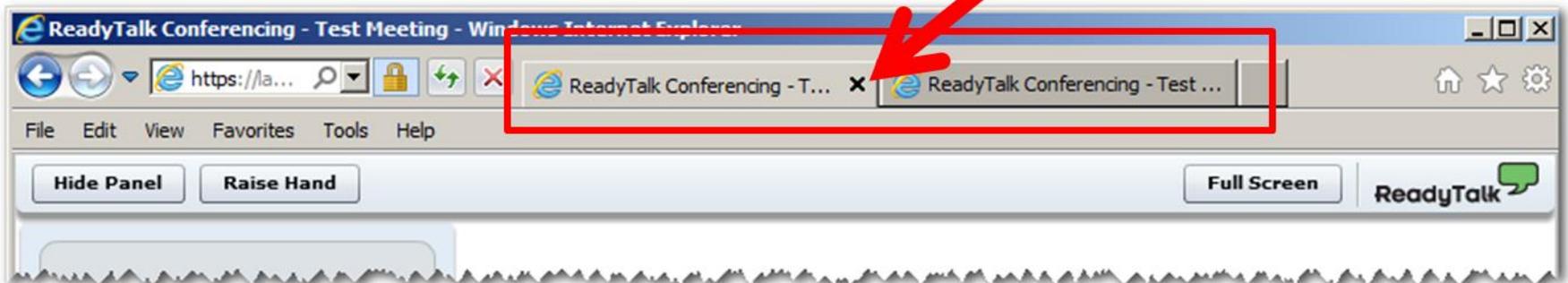**Location of Audio Controls**

Step 1

Step 2

Troubleshooting Echo

Do you hear a bad echo on the call?

- **Echo is usually caused by multiple connections to a single event**

- **Close all but one browser/tab and the echo will clear up**

Example of Two Connections to Same Event

Keys to Successful FY 2016 Reporting

Evette Robinson, MPH

Project Lead, Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

July 15, 2015

Acronyms

- **APU**   Annual Payment Update
- **CCN**   CMS Certification Number
- **CMS**   Centers for Medicare & Medicaid Services
- **DACA**   Data Accuracy and Completeness Acknowledgement
- **EHR**   Electronic Health Record
- **FSN**   Federal, State, and National
- **FUH**   Follow-Up After Hospitalization for Mental Illness
- **FY**   Fiscal Year
- **HBIPS**   Hospital-Based Inpatient Psychiatric Services
- **HISP**   Health Information Service Provider
- **HIT**   Health Information Technology
- **IPF**   Inpatient Psychiatric Facility
- **IPFQR**   Inpatient Psychiatric Facility Quality Reporting
- **NOP**   Notice of Participation
- **ONC HIT**   Office of the National Coordinator for Health Information Technology
- **Q**   Quarter
- **SA**   Security Administrator
- **SC**   Support Contractor
- **SUB**   Substance Use

Purpose

The purpose of this presentation is to:

- Summarize the data submission requirements

- Provide keys to successful data reporting

- Offer guidance on how to confirm accuracy of data

Learning Objectives

At the conclusion of this presentation attendees will:

- Fully understand the FY 2016 data submission requirements

- Be able to perform procedures for reporting data in the *QualityNet Secure Portal*

- Have tools to assess the accuracy of their measure data

Agenda

- FY 2016 Data Submission Requirements
- Keys to Successful Reporting
- Helpful Resources
- Questions and Answers

IPFQR Program

FY 2016 REPORTING REQUIREMENTS

FY 2016 Reporting Requirements

To participate in the IPFQR Program and meet the FY 2016 APU requirements, an IPF must do the following by August 15, 2015:

- Identify a *QualityNet* SA who has registered according to the process outlined on the *QualityNet* website (http://www.qualitynet.org) prior to the start of reporting. At least one SA must be active as of August 15, 2015
- Ensure that an active FY 2016 IPFQR Program NOP is in place
- Submit aggregate numerator and denominator data for the HBIPS-2 through -7 and SUB-1 measures
- Complete the *Use of Electronic Health Record* and *Assessment of Patient Experience of Care* structural measure attestations
- Complete the DACA

Note: The data submission period is **July 1–August 15, 2015**

FY 2016 IPFQR Measure Requirements

Measure	Reporting Period	Submission Period	Measure Type	Sampling Allowed	Public Display
HBIPS-2: Hours of Physical Restraint Use	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	No	April 2016
HBIPS-3: Hours of Seclusion Use	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	No	April 2016
HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	Yes	April 2016
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	Yes	April 2016
HBIPS-6: Post Discharge Continuing Care Plan Created	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	Yes	April 2016
HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care at Discharge	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	Yes	April 2016
SUB-1: Alcohol Use Screening	January 1–December 31, 2014	July 1–August 15, 2015	Chart-Abstracted	Yes	April 2016
FUH: Follow-Up After Hospitalization for Mental Illness	July 1, 2013–June 30, 2014	Calculated by CMS	Claims-Based	N/A	April 2016
Use of Electronic Health Record	As of December 31, 2014	July 1–August 15, 2015	Structural Web-Based	N/A	April 2016
Assessment of Patient Experience of Care	As of December 31, 2014	July 1–August 15, 2015	Structural Web-Based	N/A	April 2016

IPFQR Program

KEYS TO SUCCESSFUL REPORTING

Key #1: Have Two Active Security Administrators

- The SA is the person in the organization who is able to grant access to those who need to enter, review, and confirm accuracy of the data submitted.

- Each participating IPF **MUST** have at least one active SA at the time of the submission deadline (Saturday, August 15, 2015).

- A second SA is highly recommended as backup, in case the primary SA's account expires.

- All users **MUST** log in to the *QualityNet Secure Portal* every 30 – 60 days to keep their account active. Consider putting a reminder on your calendar.

Key #2: Manage the Notice of Participation

To access a facility's NOP:

1. Click the **Quality Programs** tab on the *QualityNet Secure Portal* home screen.

2. Select the "Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR" option from the drop down menu.

3. Select "View/Edit Notice of Participation, Contacts, Campuses" in the Manage Notice of Participation box.

4. Select "Inpatient Psychiatric Facility (IPF) Notice of Participation."

5. Enter the facility's six digit CCN.

6. Click the **NEXT** button to view the IPFQR Notice of Participation menu.

7. Click the **Notice of Participation** hyperlink in the lower right side of the page to view the NOP status.

Key #2: Manage the Notice of Participation

- The IPFQR NOP Summary table lists the fiscal year(s) of active participation

- A note highlighted in red appears in the summary table, if less than two Contacts are listed in the *Secure Portal*

- If the IPF closes or chooses not to participate, contact the IPFQR Program Support Contractor to learn how to withdraw from the IPFQR program

IPFQR Notice of Participation | Summary

Provider Name

Provider ID   **Medicare Accept Date**   **Facility Close Date**

⊟ Notice of Participation Summary Table

Fiscal Year	Notice of Participation Status	Notice of Participation Date	Added By	Date Edited
2016	Participating	06/27/2014 10:49:05 PT	CARRY_FORWAR...	
2015	Participating	06/27/2014 10:49:05 PT		

PREVIOUS   CHANGE NOTICE OF PARTICIPATION

⊟ Notice of Participation Summary Table

NOTE: If you want to Pledge, you must identify two Contacts to receive notification of Pledge changes.

Key #3: Access and Login to the *QualityNet Secure Portal*

- The ***QualityNet Secure Portal*** is the ONLY approved method for IPFQR Program data submission

- CMS **highly** recommends that all IPFs ensure that at least one person with knowledge of the data is able to verify the accuracy of the data entered into the *Secure Portal*, even if data entry is done by a vendor
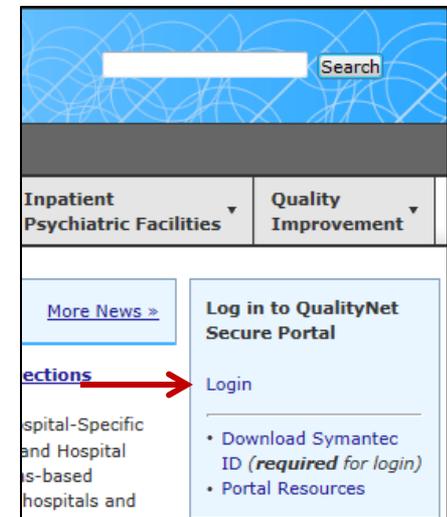
Key #3: Access and Login to the *QualityNet Secure Portal*

If you are not already a registered *QualityNet* user with access to the *Secure Portal*:

1. Go to https://www.qualitynet.org.
2. Select the **Inpatient Psychiatric Facilities** link on the left side of the *QualityNet* home page.
3. Follow the instructions to register.

Once registered, you will need to login to the *QualityNet Secure Portal*.

- Select the **Login** link on the right side of the *QualityNet* home page under "Log in to *QualityNet Secure Portal*"

  - If you are not enrolled in the *QualityNet Secure Portal* yet, you will be able to enroll at this time

  - If you are enrolled already, you will be able to login

Key #3: Access and Login to the *QualityNet Secure Portal*

If you are already enrolled in the *QualityNet Secure Portal*:

1. Enter your *QualityNet* User ID, Password, and Symantec VIP Security Code.
2. Click the **Submit** button.

If you are not already enrolled in the *QualityNet Secure Portal*:

1. Select the **Start/Complete New User Enrollment** link and complete enrollment.
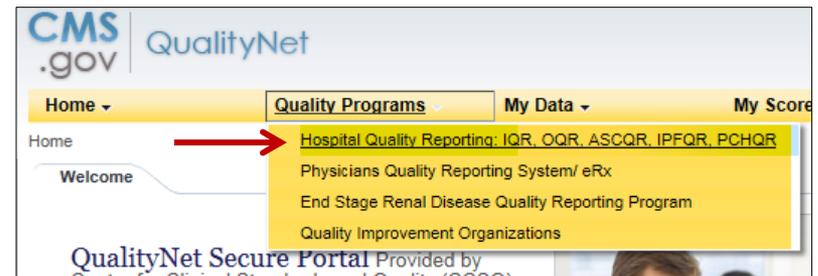2. Download a Symantec VIP Access token and complete identity proofing.
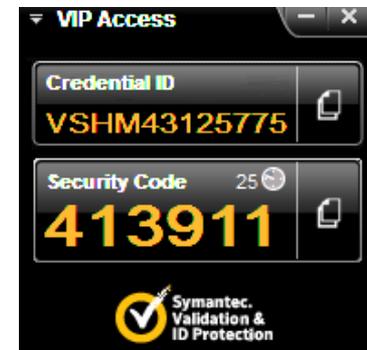
Key #3: Access and Login to the *QualityNet Secure Portal*

To access a facility's measure data:

1. Click the **Quality Programs** tab on the *QualityNet Secure Portal* home screen.

2. Select the *Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR* option from the drop down menu.

3. Select *View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)*

4. Select *Inpatient Psychiatric Facilities Web-Based Measures/DACA*
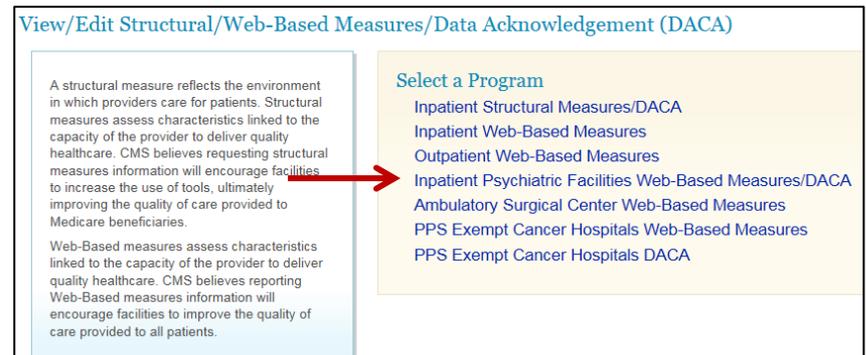
Key #3: Access and Login to the *QualityNet Secure Portal*

To access a facility's measure data:

5. Select *2016* from the Payment Year drop-down menu and click the **Continue** button.

Notes:

- If you are a single facility with access only to your data, you will see the measures summary page

- If you are a user with access to multiple facilities (i.e., a vendor), then select the provider(s) for which data will be entered.

  - Clear: De-selects providers from the provider selection list

  - Cancel: Returns to the Payment Year selection page

  - Continue: Goes to the measures summary page

Key #4: Enter and Verify Accuracy of Data
Measures Summary Screen

Upon selecting **Continue**, the *Structural/Web-Based Measure* tab opens.

- Submission Period and Reporting Period display

- The Provider ID of each facility selected displays, along with the status of reporting on each measure and the DACA for each facility (either Incomplete or Completed)

- The measure code at the top of each column is a link that will go to the data entry screen for that measure

Start	Structural/Web-Based Measures								

Inpatient Psychiatric Facilities Web-Based Measures/DACA   🖨 Print

Submission Period
07/01/2015 - 08/15/2015

With Respect to Reporting Period
01/01/2014 - 12/31/2014

Web-Based Measures | PY 2016

Provider ID	HBIPS-2	HBIPS-3	HBIPS-4/HBIPS-5	HBIPS-6	HBIPS-7	SUB-1	Assessment of Patient Experience of Care	Use of an Electronic Health Record	DACA
	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete	Incomplete

Program Selection   Payment Year Selection

Key #4: Enter and Verify Accuracy of Data
HBIPS-2 and HBIPS-3

- Check the numerator data
  - Ensure that the **total number of hours** that all psychiatric inpatients were maintained in physical restraints (HBIPS-2) or seclusion (HBIPS-3) is completed
    - Do not enter **minutes** or **days**
  - Enter up to seven whole number digits and up to two decimal digits (0-9999999.99)
- Check the denominator data
  - Ensure that the correct number of days are entered for the denominator
  - Ensure the number of days do not exceed 92 times the facility's bed capacity
  - Enter up to six digits. It cannot be zero if numerator is a non-zero number.

HBIPS-2: Hours of Physical Restraint Use

*NUMERATOR [The total number of hours that all psychiatric inpatients were maintained in physical restraint]

Age(Years)	Q1 2014	Q2 2014	Q3 2014	Q4 2014
1-12				
13-17				
18-64				
65 and over				
Overall				

*DENOMINATOR [Number of psychiatric inpatient days]

Age(Years)	Q1 2014	Q2 2014	Q3 2014	Q4 2014
1-12				
13-17				
18-64				
65 and over				
Overall				

Key #4: Enter and Verify Accuracy of Data
HBIPS-2 and HBIPS-3

- Click **Calculate** to populate the percentages in the results section
- Check to ensure that your data does not exceed the following values:
  - HBIPS-2: 0.71 hours of physical restraint use per 1,000 patient hours
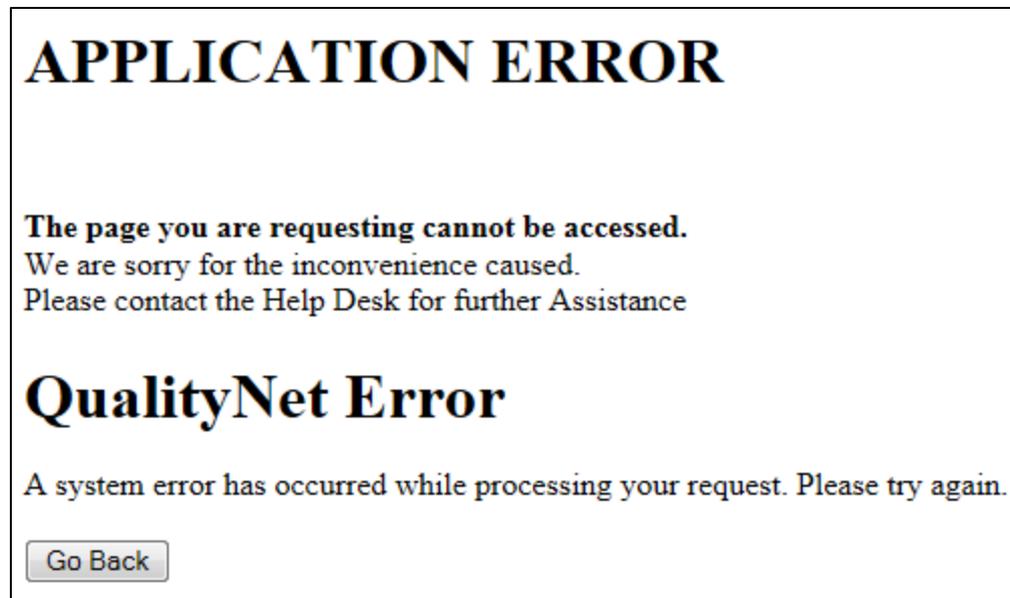 - HBIPS-3: 0.45 hours of seclusion use per 1,000 patient hours

Key #4: Enter and Verify Accuracy of Data
Submitting Data

- Click the green **CALCULATE** button **before** you click the blue **Submit** button.

- If you do not click the buttons in this order, then your data **will not be saved** and you will see an application error message.

- You must call the Help Desk for assistance to re-enter your data.

APPLICATION ERROR

The page you are requesting cannot be accessed.
We are sorry for the inconvenience caused.
Please contact the Help Desk for further Assistance

QualityNet Error

A system error has occurred while processing your request. Please try again.

Go Back

Key #4: Enter and Verify Accuracy of Data
Submitting Data

- Click **Submit** to save the data. A green box with a check mark will appear in the top left of the screen.

- Click **Return to Summary** to view the *Measure Completion Status Summary* page

- If you are a vendor or other user with access to multiple providers, click on the **Previous Provider** or **Next Provider** options at the bottom in order to enter measure data for additional providers

Key #4: Enter and Verify Accuracy of Data
HBIPS-4 through HBIPS-7

- Check the numerator data
  - Ensure that the numerator reflects the **total number of discharged patients** that meet the criteria for each measure
  - Enter up to five digits
- Check the denominator data
  - Ensure that the correct **total number of discharged psychiatric patients has been** entered for the denominator

HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications

*NUMERATOR [Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications]

Age(Years)	Q1 2014	Q2 2014	Q3 2014	Q4 2014
1-12				
13-17				
18-64				
65 and over				
Overall				

*DENOMINATOR [Psychiatric inpatient discharges]

Age(Years)	Q1 2014	Q2 2014	Q3 2014	Q4 2014
1-12				
13-17				
18-64				
65 and over				
Overall				

Key #4: Enter and Verify Accuracy of Data
HBIPS-4

- Click **Calculate** to populate the percentages in the results section
- Check to ensure that your data does not exceed the following value:
  - HBIPS-4: 31% of patients discharged on multiple antipsychotic medications

Key #4: Enter and Verify Accuracy of Data
SUB-1: Alcohol Use Screening

- Check the numerator data
  - Ensure that the numerator reflects the **total number of patients** that were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first three days of admission

- Check the denominator data
  - Ensure that the correct **total number of hospitalized inpatients 18 years of age and older** is entered for the denominator

- Click **Calculate** to populate the percentages in the results section

SUB-1: Alcohol Use Screening

*NUMERATOR [Number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking.]

Quarters	Q1 2014	Q2 2014	Q3 2014	Q4 2014

*DENOMINATOR [Number of hospitalized patients 18 years of age or older]

Quarters	Q1 2014	Q2 2014	Q3 2014	Q4 2014

CALCULATE

RESULTS
Percentage of inpatients aged 18 years of age or older that were screened for alcohol use within the first 3 days of admission using a validated screening questionnaire for unhealthy drinking.

Quarter	Q1 2014	Q2 2014	Q3 2014	Q4 2014
(Percentages)	%	%	%	%

Return to Summary   Submit   Print

Key #4: Enter and Verify Accuracy of Data
Assessment of Patient Experience of Care

Web-Based Measures | PY 2016   * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all measure questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

Assessment of Patient Experience of Care

* Did your facility routinely assess patient experience of care using a standardized collection protocol and a structured instrument?

◉ Yes ○ No

* Please indicate the name of the survey that your facility administers:

Survey Name

[   ]

Return to Summary   Submit   Print

Key #4: Enter and Verify Accuracy of Data
Use of an Electronic Health Record

Web-Based Measures | PY 2016 * Required Field

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses for all measure questions are required in order to fulfill the Annual Payment Update (APU) requirement. If no data for measures, please enter zero. Do not leave any entry fields blank.

Use of an Electronic Health Record

* Please select which of the following statements best describes your facility's highest level typical use of an EHR System (excluding the billing system) during the reporting period:

○ The facility most commonly used paper documents or other forms of information exchange (for example, email) not involving the transfer of health information using EHR technology at times of transitions in care

○ The facility most commonly exchanged health information using non-certified EHR technology (that is, not certified under the ONC HIT Certification Program) at times of transitions in care.

◉ The facility most commonly exchanged health information using certified EHR technology (certified under the ONC HIT certification Program) at times of transitions in care.

* Did the transfers of health information at times of transitions in care include the exchange of interoperable health information with a health information service provider (HISP)?

◉ Yes
○ No

[Return to Summary] [Submit] [Print]

Key #4: Enter and Verify Accuracy of Data
Review Data for Accuracy

- Check all measure data for accuracy and completeness
  - Ensure that someone familiar with the measure areas reviews the measure results
  - Question extreme or perfect values (e.g., 0 or 100%)
  - Compare current values to those of the facility last year and to state and national results using the following:
    - **Web-based Measures Application**: Compare current data to last year's data by selecting Payment Year 2015 in the "Inpatient Psychiatric Facilities Web-Based Measures/DACA" page referenced on slide 20
    - **IPFQR Participation Report**: Once you submit data, we recommend you run this report to check measure values prior to the submission period closing (August 15, 2015). Note that data submitted by August 15 will be considered final
    - **IPFQR FSN**: This report allows a provider to review data submitted (as listed in the Participation Report) in comparison to what was submitted last year at the state and national level

Key #4: Enter and Verify Accuracy of Data
Review Data for Accuracy

- Access the IPFQR Participation Report and the IPFQR FSN Report via *QualityNet Secure Portal*
  - Click on **My Reports** in the to open the drop-down menu
  - Click on Run Reports
  - Select "IPFQR" in the Report Program field.
  - Select "Hospital Reporting – Feedback – IPFQR" in the Report Category field
  - Click on the **View Reports** button and a list of report options will appear
  - Click on the IPF Participation Report
  - Select the IPF name, Payment Year "2016"
  - Click on the **Run Report(s)** button

Key #4: Enter and Verify Accuracy of Data
Review Data for Accuracy

- The icons in the *Status* column of the *Search Report(s)* tab shows the status of the report, including:
  - Series of white papers - In Queue
  - Blue circle arrow - In Progress
  - Green check mark - Completed
- Click on **Refresh Report Status** button to view the latest status
- Once the report is completed, select one of the following options from the *Action* column on the far right:
  - Magnifying glass - View only in new web browser tab
  - Green down arrow - Download report
  - Yellow star with green plus sign - Save report as a favorite
- If the report is no longer needed you may click on the red circle warning symbol to delete the report

Key #4: Enter and Verify Accuracy of Data
Data Accuracy and Completeness Acknowledgement (DACA)

- After reviewing all measure data for accuracy and completeness, complete the DACA form
- A third-party vendor may submit data on a participant's behalf if the vendor has been previously authorized by the facility; however, **the facility** must complete the online DACA form prior to the August 15, 2015 deadline

Data Accuracy and Completeness Acknowledgement | PY 2016 * Required Field

For all Inpatient Psychiatric Facility Quality Reporting participating providers, the Data Accuracy and Completeness Acknowledgement is required by CMS in order to fulfill the Annual Payment Update (APU) requirement.

Inpatient Psychiatric Facitily Quality Reporting (IPFQR) Program
Data Accuracy and Completeness Acknowledgement for FY 2016

(*) indicates required for providers participating in the Inpatient Psychiatric Quality Reporting Program

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2016 IPFQR Program requirements, is accurate and complete. This information includes the following:

- *Aggregated data for all required measures*
- *Current Notice of Participation and QualityNet Security Administrator*

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data or survey vendor(s) acting as agents on behalf of this hospital) to CMS and its contractors, for the FY 2016. To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2016 IPFQR Program requirements.

Enter your position and click 'Submit'.

○ **Yes, I Acknowledge***
Position* [   ]

[Return to Summary] [Submit] [Print]

Key #4: Enter and Verify Accuracy of Data
Measure Status Summary Page

- IPFs have until the submission deadline, August 15, 2015, to enter or edit measure data and complete the DACA
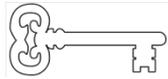
- After the submission deadline IPFs **CANNOT** enter or edit data

Review of Keys to Successful Reporting
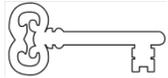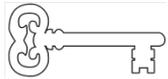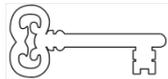
Have Two Active Security Administrators

Manage the Notice of Participation

Access and Log in to the QualityNet Secure Portal

Enter and Verify Accuracy of Data

- Confirm that all IPFQR Program data reporting requirements have been met before completing the DACA

REMINDER: Policies **do not** allow change of data nor the completion of the DACA form after the data submission deadline.

Additional Tips

In the event of staff turnover, remember to:

- Inform the IPFQR Program SC about key personnel changes (e.g. CEO and Quality Reporting contact)
  - The Hospital Contact Correction Form is located on the [Quality Reporting Center](#) website (direct link)
    - Click on Inpatient, Resources and Tools, and the form is the first item listed on the page
- Utilize available resources found on the [QualityNet](#) website (direct link) in the **Inpatient Psychiatric Facilities** drop down menu to ensure appropriate knowledge of the IPFQR Program requirements and deadlines

IPFQR Program

HELPFUL RESOURCES

Helpful Resources
Links

QualityNet Pages

- [How to Participate in the IPFQR Program](#)

- [IPFQR Program Measures](#)

- [IPFQR Program Resources](#)

  - Optional, informal paper tools are available for collection of data for the following measures (all direct links):

    - [HBIPS-2 and -3](#)

    - [HBIPS-4 through -7](#)

    - [SUB-1](#)

Use of EHR Measure

- ONC HIT Certified Product List: http://oncchpl.force.com/ehrcert?q=CHPL

- HISPs: http://www.healthit.gov/policy-researchers-implementers/direct-project

Helpful Resources
Sampling Requirements

The tables below summarize the sampling requirements for the current data submission period.

HBIPS-4 through HBIPS-7 Measures	
HBIPS Average Quarterly Stratum Initial Population "N"	HBIPS Minimum Required Stratum Sample Size "n"
>877	176
221–877	20%
44–220	44
<44	100%

SUB-1 Measure	
Average Quarterly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥ 1,530	306
765–1,529	20%
153–764	153
6–152	No sampling; 100%
0–5	May submit actual values or zero (0) during the submission period

Helpful Resources
Save the Dates

Upcoming IPFQR Program educational webinars:

- **August 20, 2015**   *SUB-1 Measure*

- **September 17, 2015**   *FY 2016 IPF PPS Final Rule*

- **October 17, 2015**   *HBIPS-Improving*

IPFQR Program General Resources

Q & A Tool
https://cms-ip.custhelp.com

Email Support
IPFQualityReporting@area-m.hcqis.org

Phone Support
866.800.8765

Inpatient Live Chat
www.qualityreportingcenter.com/inpatient

Monthly Web Conferences
www.QualityReportingCenter.com

Secure Fax
877.789.4443

ListServes
Sign up on
www.QualityNet.org

Website
www.QualityReportingCenter.com

IPFQR Program

QUESTIONS AND ANSWERS

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:

  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy

- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar

- The survey will ask you to log in or register to access your personal account in the Learning Management Center
  - A one-time registration process is required